## **2008 LIMITED LIABILITY COMPANY**

## Apr 15, 2008 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # L06000091786 04-15-2008 90203 001 \*\*\*416.25 COMMERCE PARK, LLC Principal Place of Business Mailing Address 2590 W-CR 48 PO BOX 385 30003970 BUSHNELL, FL 33513 BUSHNELL, FL 33513 04012008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-5576979 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE LACKAY, CHRISTINA L 2590 W-CR 48 BUSHNELL, FL 33513 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE FILE NOW!!! FEE IS \$138,75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS MGRM TITLE MCFFITT, DAVID E NAME 2590 W-CR 48 STREET ADDRESS CITY-ST-ZIP BUSHNELL, FL 33513 TITLE LACKAY, CHRISTINA L NAME STREET ADDRESS 2590 W-CR 48 CITY-ST-ZIP BUSHNELL, FL 33513 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-\$T-ZIP TITLE

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED